

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Certified pediatric or family nurse practitioners' services.

rovided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. MS-91-41

Supersedes

TN No. MS-87-25

Approval Date

JAN 27 1992

Effective Date

OCT 01 1991

HCFA ID: 7986E

KANSAS MEDICAID STATE PLAN

Revision: HCFA - Region VII
AUGUST 1990

ATTACHMENT 3.1-A
Page 9a

STATE Kansas

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided: ☐ No Limitations ☒ With Limitations*

* Description provided on attachment.

TN#MS-90-35 Approval Date 10/4/90 Effective Date 7/1/90 Supersedes TN#Nothing

Substitute per letter dated 8/4/98

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December 1994

ATTACHMENT 3.1-A
Page 10

State: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

___ provided: ___ State Approved (Not Physician) Service Plan Allowed
___ Services Outside the Home Also Allowed
___ Limitations Described on Attachment

X not provided

27. Early Intervention Services to Children

These services are provided to children from birth to age 3 and children in transition to pre-school up to age 4 who meet one of the Developmental Delay eligibility categories set forth in the federal regulations promulgated under Part C of the Individuals with Disabilities Education Act (IDEA). These services are in addition to other medically necessary Early and Periodic Screening, Diagnosis and Treatment services otherwise included in the State Plan.

X provided _____ not provided

AUG 14 1998

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State: KANSAS

Citation: AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
1905(a)(26) CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and 1934

28. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

☒ Provided
☐ Not Provided

SEP 07 1999

TN #: 99-04 Approval Date:

Effective Date: 1/1/99

Supersedes TN #: N/A

State: KANSAS

Citation: Amount, Duration, and Scope of Services: Medically
needy (Continued)

1905(a)(26)
and 1934

☒ Program of All - Inclusive Care for the Elderly (PACE) services, as
described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of
the medically needy; specifies all limitations on the amount, duration, and
scope of those services, and lists the additional coverage (that is in excess of
established service limits) for pregnancy-related services for conditions that
may complicate the pregnancy.

SEP 07 1999

TN #: ~~99-04~~ Approval Date

Effective Date: 1/1/99 Supersedes TN#: N/A

Substitute per letter dated 3/25/99

KANSAS MEDICAID STATE PLAN

Replacement Page
Attachment 3.1-A

Inpatient Hospital Services Limitations

1. Services shall be ordered by a physician and shall be related specifically to the present diagnosis of the Consumer.
2. Rehabilitation therapy is limited to that which is restorative in nature and provided following physical debilitation due to acute physical trauma or physical illness.
3. Prosthetic devices provided by a hospital are limited to those that replace all or part of and internal body organ, including replacement of these devices.
4. Elective surgery is noncovered with the exception of elective sterilization procedures.
5. Transplant surgery is limited to corneal, kidney, heart, bone marrow, liver, lung, and combined heart/lung transplants and related services. Procurement of the organ is covered.
6. Inpatient acute care related to psychiatric services is limited to stays in which the psychiatric plan of care is directed by a psychiatrist and in which psychotherapy is provided on a daily basis. Individuals admitted to psychiatric care must have received an assessment to determine appropriate care level before services are reimbursed.
7. Sterilization and abortions are covered in accordance with current federal regulations.
8. Discharge days are noncovered.
9. Inpatient treatment for substance abuse is limited to detoxification.
10. See attachment 3.1-A, #4.b. for inpatient hospital service limitations for children under 21 years of age.

MAR 30 1999

TN#MS 98-12 Approval Date _____ Effective Date 10/1/98 Supersedes TN #MS-96-08

KANSAS MEDICAID STATE PLAN

Replacement Page
Attachment 3.1-A
#2.a.

Outpatient Hospital Services Limitations

1. Non-emergency services are covered. Outpatient hospital assessment of the need for emergency service in noncovered.
2. Emergency services are covered.
3. Elective surgery is noncovered with the exception of elective sterilization procedures.
4. Partial hospitalization for psychiatric illness is limited to programs which have been approved by the Commission of Adult and Medical Services.
5. Sterilization and abortions are covered in accordance with current federal regulations.
6. Rehabilitation therapy is limited to that which is restorative in nature and provided following physical debilitation due to acute physical trauma or physical illness. It must be prescribed by the attending physician.
7. Prosthetic devices provided by a hospital are limited to those that replace all of part of an internal body organ, including replacement of these devices.
8. Ambulance services billed as outpatient services are noncovered.
9. See Attachment 3.1-A, #4.b. for outpatient hospital service limitations for children under 21 years of age.

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KANSAS MEDICAID STATE PLAN

Attachment 3.1A
#2b

3.1-A Limitation

#2b Rural Health Clinic Services

Refer to limitations described in Attachment 3.1-A

#5 Physician Services with the exception of limitations on physician extender services. These services are not limited in Rural Health Clinics.

#7c Home Health Services

Refer also to General Limitations page.

State Plan

Trans. No. MS-83-8

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Approved 8-26-83

"Substitute per letter dated 7/18/90"

Substituted Page July 17, 1990.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#2.c.

Limitations of Federally Qualified Health Centers

Federally qualified health center services are subject to the limitations in effect in Chapter 42 U.S.C., Section 1905 (a) (2) (C). For other ambulatory services the limitations set for these services elsewhere in the Kansas Medicaid State Plan are applicable.

TN/MS-90-20 App Date MAR 15 1991 Eff Date APR 01 1990 Supersedes nothing